	Outreach (HE/RR)
Date:	

Process Evaluation –	
(Example for 1 Intervention)

			Primary Population	Secondary Population
Agency Name/ID: Type of outreach provided in this intervention: (you may select more than one)	 fixed site¹ active street² drop-off site³ 	Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	 MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public 	 MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public

Check which of the following best describes your agency:

- CBO Minority Board
- CBO Non-Minority Board
- Other Nonprofit

- State Health Department
- Local Health Department
- Other Government

- · Academic Institution
- · Research Center

- Individual
- Other

Clients Served With CDC Funds		# 19 ye	ars old			20 – 29 y	ears old			30 + ye	ars old		Αç	ge data n	ot availab	le	
(M=male; F=female; T=transgender; U=unknown)	М	F	Т	U	М	F	Т	U	М	F	Т	U	М	F	Т	U	TOTAL
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
TOTAL																	
Hispanic																	
Non-Hispanic																	
TOTAL																	

This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in Volume 1: Guidance.

Outreach activities conducted at a specific place (e.g., setting up a table at a corner or working out of a mobile van or storefront).

²Active street outreach

Outreach activities in which workers move from place to place, usually within a defined geographic area.

¹Fixed-site outreach

Sites that volunteer to distribute HIV prevention materials. Typically, outreach workers keep these sites supplied. ³Drop-off Site

Number of clients receiving this outreach
intervention in each of the following fixed site
settings:

Type of Setting			
СВО	 HIV Counseling & Testing	 Correction/Detention	
Community Setting	 STD Clinic	 School/Educational	
Clinic/Health Care Facility	 Drug Treatment Facility	 Other	

Enter the number of HIV prevention materials distributed during each type of outreach conducted (columns used should match those noted at the top of page).

Type of HIV Prevention Materials	Fixed-Site	Active Street	Drop-Off Site ³
Condoms			
Safer sex kits			
Promotional items			
Bleach/safer injection kits			
Brochures/informational materials, etc.			
Other:			
Total			

Staffing and Expenditures	
Number of full-time equivalent staff providing outreach whose salaries are funded by CDC:	
Number of volunteers providing outreach:	
CDC 99004 HIV Prevention funds that were expended for carrying out all aspects of outreach:	\$

In the left column, enter the number of referrals made during outreach to the services shown in the table below. In the right column, enter the number of referrals that are known to have been completed.

Service Types	Referrals Made to Service Types	Referrals Followed Through By Clients
STD Clinic		
HIV Counseling & Testing		
Tuberculosis Clinic		
Drug Treatment		
Family Planning		
Mental Health		
HIV Early Intervention		
Other Medical Services		
Entitlement Program		
Job Skills/Acquisition		
HIV Partner Counseling and Referral		
Prevention Case Management		
Individual-Level Counseling		
Group-Level Counseling		
Other:		